

CLAIMS ONLY

Original of Pre-Amendt. A.

Application Number

Filing Date

101829, 227

Application(s)

4/22/06

12/27/04

* May be used for additional claims or amendments

A/MS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9			1		1	
10			1		1	
11			1		1	
12			1		1	
13			1		1	
14			1			
15			1		1	
16			1		1	
17			1		1	
18			1		1	
19			1		1	
20			1		1	
21			1		1	
22			1		1	
23			1			
24			1		1	
25			1		1	
26			1		1	
27					1	
28					1	
29					1	
30					1	
31					1	
32					1	
33						
34						
35						
36						
37						
38						
39						
40						
41						
42		1				
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep.	2		4		10	
Total Depend.	6	←	14	←	12	←
Total Claims	8		18		22	

*	*	*	*
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
Total Indep.			
Total Depend.			
Total Claims			